



**Board of Optometry**  
 400 R Street, Suite 4090  
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 www.optometry.ca.gov



## **Application for Glaucoma Certification**

*Authority: Business and Professions Code Section 3041(f)(2)*

<b>Optometrist Name</b>		<b>Optometrist License #</b>	
<b>Mailing Address Line 1</b>		<b>Phone #</b>	
<b>Mailing Address Line 2</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<p><b>Instructions:</b> In order to receive a glaucoma certification, California licensed optometrists must demonstrate that they have collaboratively treated 50 primary open angle glaucoma patients who are over 18 years of age for a period of two years. Documentation of the collaborative treatment must accompany this application. Such documentation may be provided by completing the “Documentation of Collaborative Treatment of Glaucoma Patients” form provided by the Board.</p> <p><i>I declare under penalty of perjury under the laws of the State of California that the information provided on this form and the attached documentation of collaborative treatment of primary open-angle glaucoma patients is true and I understand and agree that any misstatements of material facts may be cause for denial of the certificate to treat primary open–angle glaucoma and disciplinary action by the Board of Optometry.</i></p>			
<b>Optometrist Signature</b>		<b>Date</b>	